

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						81973815		
						APPLICANT(S)		
CLAIMS								
AS FILED			AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1		1		1		51		
2		1		1		52		
3				1		53		
4	5			1		54		
5	2			1		55		
6	1			1		56		
7				1		57		
8				1		58		
9	8			1		59		
10	2			1		60		
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